

## CPAP COMPETENCY TEST SCENARIOS

**Instructions:** These are sample scenarios to use with the CPAP skills check off. Expand on them as needed. Each scenario should have a complication/challenge to resolve after CPAP is applied, if it is indicated.

Each EMT/Paramedic is expected to make an accurate assessment of a patient in respiratory distress and determine whether or not they are a candidate for CPAP. They must then competently apply mask CPAP and monitor the patient appropriately.

Read the chosen scenario and additional information as requested by the EMT/Paramedic. Have another individual act the role of the patient and simulate the physical findings.

### Scenario One

**Dispatch:** 65 y/o Male c/o of shortness of breath

**HPI:** 1 week h/o progressive dyspnea with exertion. Unable to lay down flat without shortness of breath, no chest pain or cough.

**PmHx:** Hypertension, Diabetes

**Medications:** Lasix, Atenolol, and Glucophage

**Physical Exam:** 260 lb woman sitting in recliner.

**Vital Signs:** BP 100/80, HR 140 sinus tachycardia, RR 38, O2 sat 58%, LOC does not follow commands, cannot hold self up, airway patent

**HEENT:** Cyanosis, JVD present

**Pulmonary:** Silent Chest

**Extremities:** Cyanotic, 3+ pedal edema

**After CPAP started:**

- 5 min Vital Signs: HR 100, RR 24, BP 100/60, O2 sat 84%, LOC Verbal stimuli
- 10 min Vital Signs: HR 30, RR 6, BP 60/40, O2 sat 60%, LOC Unresponsive (complication- Hypotension)

### Scenario Two

**Dispatch:** You are called to a 54 y/o woman c/o breathing problems

**HPI:** Increasing shortness of breath for 1 day despite the use of inhalers.

**PmHx:** COPD, Hypertension, and Diabetes

**Medications:** Albuterol Inhaler, Lasix, and Aspirin

**Physical Exam:** Thin white female on home oxygen breathing through pursed lips sitting in a tripod position.

**Vital Signs:** BP 180/90, HR 120 sinus tachycardia, RR 30, O2 sat 88%, LOC alert, airway patent.

**HEENT:** Perioral cyanosis, no JVD

**Pulmonary:** Lung auscultation reveals inspiratory and expiratory wheezes. The patient has 3 word speech dyspnea.

**Extremities:** Cyanotic, no pedal edema

**After CPAP started:**

- 5 min Vital Signs: HR 130, RR 24, BP 160/90, O2 sat 92%, LOC Alert
- 10 min Vital Signs: HR 140, RR, 38, BP 100/40, O2 sat 72%, LOC Alert , complaining of increasing SOB and chest pain (Complication: Pneumothorax)

### **Scenario Three**

**Dispatch:** 65 y/o man c/o of shortness of breath

**HPI:** 1 week h/o progressive dyspnea with exertion. Unable to lay down flat without shortness of breath, no chest pain or cough.

**PmHx:** Hypertension, Diabetes

**Medications:** Lasix, Atenolol, and Glucophage

**Physical Exam:** 260 lb woman sitting in recliner.

**Vital Signs:** BP 100/80, HR 140 sinus tachycardia, RR 30, O2 sat 78%, LOC follows commands, airway patent

**HEENT:** Cyanosis, JVD present

**Pulmonary:** Rales in all lung fields

**Extremities:** Cyanotic, 3+ pedal edema

**After CPAP started:**

Due to the patients altered LOC and profound respiratory fatigue, the patient is not a candidate for CPAP to begin with. The patient does not respond to CPAP. Intubation is indicated. The EMT/Medic Fails if they do not intubate the patient.

- 5 min Vital Signs: HR 150, RR 40, BP 160/90, O2 sat 54%, LOC poor
- 10 min Vital Signs: HR 150, RR, 6, BP 100/90, O2 sat ??%, LOC unresponsive